

EMERGENCY MEDICAL DISPATCH COURSE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH DIVISION OF EMERGENCY MEDICAL SERVICES SFN 53509 (9-03) 9-1-1



Telephone (701) 328 - 2388 / Fax (701) 328-1890

INSTRUCTIONS: Type or print clearly. *To be completed by course coordinator and returned to Division of Emergency Medical Services 2 weeks prior to beginning of the course.* Return one completed copy to: ND Department of Health, Division of Emergency Medical Services, 600 E Boulevard Ave. Dept. 301, Bismarck, ND 58505 – 0200. Keep a copy for your records.

| TYPE OF TRAINING (Please | check one or both) | | | | | |
|---|---|--|--------------------|----------------|----------------|--|
| ☐ Initial and / or | ☐ Refresher | Refresher | | | | |
| The course will be conducted a | City: | City: | | | | |
| THE CLASS WILL BE COND | UCTED BY (check one – pr | ovided name and add | dress) | | | |
| Name of Facility: | | City: | | | | |
| The course will begin on: (App | | The course will end on: (Approximate date) | | | | |
| The course will meet: (i.e. ever | , | Meeting time: (Approximate time) | | | | |
| Class Coordinator: (Name) | | Email Address: (Optional) | | | | |
| Mailing Address: | | City: | City: | | Zip: | |
| UPS Delivery Address: (if different from above) | | City: | City: | | Zip: | |
| Work Telephone: | Home Telephone: | Cell Telephone: | Cell Telephone: | | Fax Telephone: | |
| AS COURSE COORDINATOR CLASSROOM, PREPARE AN FUNCTIONS. I WILL ADHER THROUGHOUT THE COURS | ID IMPLEMENT CLASS SO E TO THE EMERGENCY N | CHEDULES, AND PE | RFORM OTHER | APPROPF | RIATE CLASS | |
| Date: | | Sign | nature of EMS Inst | tructor \ Co | ordinator: | |
| DEMS US | SE ONLY | | | | | |
| BEING GO | <u> </u> | | | | | |
| Posted on Website | On | _ | | | | |
| Handouts sent By | On | _ | | | | |

Complete and Return to:

Division of Emergency Medical Services North Dakota Department of Health 600 E Boulevard Ave. Dept. 301 Bismarck ND 58505-200

Phone: (701)328-2388 - Fax (701)328-1890

EMS TRAINING COURSE INSTRUCTOR ROSTER

| Course Location: | | | | | | | | |
|--|---|-----------------|------------|--|--|--|--|--|
| Name of Course: | | | | | | | | |
| In addition to the course coordinator, the following | ng persons will assist in instruct | ing the course: | | | | | | |
| Name | Certification Level (EMT, RN, MD, etc.) | Business Phone | Home Phone | | | | | |
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